| <u>ૐ</u> | - |  |
|----------|---|--|
|          |   |  |

UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

| Attomey Docket No. | 01306.000122                         |     | <u>6</u> |
|--------------------|--------------------------------------|-----|----------|
| First Name         | d Inventor or Application Identifier | 302 | 0        |
|                    |                                      |     | =        |

JUNICHI MOTEKI Express Mail Label No.

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                      |                                                                      | ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 |                                                                             |              |                         |                                            |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------|-------------------------|--------------------------------------------|----------------------------|
| ļ                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                  |                                                                             |              |                         | Alexandria                                 | a, VA 22313-1450           |
| 1. X                                                                                                                                                                                                                                                                                                                                                                                                                           | Fee Transmittal Form (Submit an original, and a duplicate for fee pr | ocessing)                                                                        |                                                                             | 7.           | CD-ROM or<br>Program (A | •                                          | , large table or Computer  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                             | Applicant claims small entity status.<br>See 37 CFR 1.27.            |                                                                                  |                                                                             | 8.           |                         | and/or Amino Acid<br>e, all necessary)     | Sequence Submission        |
| 3. X                                                                                                                                                                                                                                                                                                                                                                                                                           | Specification Total Pa                                               | ges 15                                                                           |                                                                             |              | a (                     | Computer Readable                          | e Form (CRF)               |
| 4. X                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing(s) (35 USC 113) Total Sh                                     | eets 13                                                                          |                                                                             |              |                         | ation Sequence Lis                         | -                          |
| 5. X                                                                                                                                                                                                                                                                                                                                                                                                                           | Oath or Declaration Total Pa                                         | ges 1                                                                            |                                                                             |              |                         | CD-ROM or CD-R paper                       | (2 copies), or             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | a. X Newly executed (original or o                                   | юру)                                                                             |                                                                             |              | c S                     | Statements verifyin                        | g identity of above copies |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                  |                                                                             |              | ACCOM                   | PANYING APPLIC                             | ATION PARTS                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | b. Copy from a prior application (for continuation/divisional with   |                                                                                  |                                                                             | 9. X         | Assignment              | Papers (cover sheet                        | & document(s))             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | i. <u>DELETION OF IN</u><br>Signed Statement at                      | ·                                                                                |                                                                             | 10.          |                         | (b) Statement<br>e is an assignee)         | Power of Attorney          |
| inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).                                                                                                                                                                                                                                                                                                                                                 |                                                                      | see                                                                              | 11. English Translation Document (if applicable)                            |              |                         | t (if applicable)                          |                            |
| 6. X Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                  | 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations |              |                         |                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                  |                                                                             | 13.          | Preliminary             | Amendment                                  |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                  |                                                                             | 14. X        |                         | eipt Postcard (MPI<br>specifically itemize | •                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                  | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) |              |                         |                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                  | 16. Other:                                                                  |              |                         |                                            |                            |
| 17. If a                                                                                                                                                                                                                                                                                                                                                                                                                       | CONTINUING APPLICATION, check app                                    | propriate box and su                                                             | upolv t                                                                     | he reauisite | information:            |                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Continuation Divisional lication information: Examiner               |                                                                                  |                                                                             | n-part (CIP) |                         | lication No/_                              | <del></del>                |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                                                      |                                                                                  |                                                                             |              |                         |                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | 18. CORRES                                                                       | SPONE                                                                       | DENCE ADDI   | RESS                    |                                            |                            |
| ×                                                                                                                                                                                                                                                                                                                                                                                                                              | 05514                                                                |                                                                                  |                                                                             |              | pondence address below  |                                            |                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                  |                                                                             |              |                         |                                            |                            |
| INVINE                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                  |                                                                             |              |                         |                                            |                            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                  |                                                                             |              |                         |                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                  |                                                                             |              |                         | -                                          |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      | State                                                                            |                                                                             |              |                         | Zip Code                                   |                            |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | Telephone                                                                        |                                                                             |              |                         | Fax                                        |                            |

| CLAIMS                               | (1) FOR                                                                                                                                                                                                                                                                | (2) NUMBER FILED                                                                                                                | (3) NUMBER EXTRA                                                                                             | (4) RATE                      | (5) CALCULATIONS          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|
|                                      | TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                       | 11-20 =                                                                                                                         | 0                                                                                                            | X \$ 18.00 =                  | \$ 0.00                   |
|                                      | INDEPENDENT<br>CLAIMS (37 CFR 1.16(b))                                                                                                                                                                                                                                 | 1-3 =                                                                                                                           | 0                                                                                                            | X \$ 86.00 =                  | \$ 0.00                   |
|                                      | MULTIPLE DEPENDENT                                                                                                                                                                                                                                                     | T CLAIMS (if applicable) (37                                                                                                    | CFR 1.16(d))                                                                                                 | \$290.00 =                    | \$ 0.00                   |
|                                      |                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                                                                              | BASIC FEE<br>(37 CFR 1.16(a)) |                           |
|                                      |                                                                                                                                                                                                                                                                        |                                                                                                                                 | Total of                                                                                                     | above Calculations =          | \$770.00                  |
|                                      | Reduction by                                                                                                                                                                                                                                                           | 50% for filing by small er                                                                                                      | ntity (Note 37 CFR 1.9, 1                                                                                    | 1.27, 1.28).                  |                           |
|                                      |                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                                                                                              | TOTAL =                       | \$770.00                  |
| 9. Sn<br>a.                          | nall entity status A small er                                                                                                                                                                                                                                          | ntity statement is enclose                                                                                                      | d                                                                                                            |                               |                           |
|                                      | A small er  A small er  and desire                                                                                                                                                                                                                                     | ntity statement is enclose<br>ntity statement was filed i<br>ed.<br>er claimed.                                                 |                                                                                                              | al application and suc        | h status is still proper  |
| a.<br>b.<br>c.                       | A small er  A small er  and desire                                                                                                                                                                                                                                     | ntity statement was filed i                                                                                                     | n the prior nonprovision                                                                                     |                               | ch status is still proper |
| a.<br>b.<br>c.<br>20.                | A small er  A small er  and desire  Is no long  X  A check in the amo                                                                                                                                                                                                  | ntity statement was filed i<br>ed.<br>er claimed.                                                                               | n the prior nonprovision                                                                                     | i.                            | ch status is still proper |
| a.<br>b.<br>c.<br>20.                | A small er  A small er  and desire  Is no long  X  A check in the amo                                                                                                                                                                                                  | ntity statement was filed i<br>ed.<br>er claimed.<br>ount of \$ 770.00 to cover<br>ount of \$ 40.00 to cover                    | n the prior nonprovision<br>the filing fee is enclosed<br>the recordal fee is enclo                          | d.<br>osed.                   |                           |
| a.<br>b.<br>c.<br>20.                | A small er  A small er  and desire  Is no long  X  A check in the amount  A check in the amount  Commissioner is hereby  0. 06-1205:                                                                                                                                   | ntity statement was filed i<br>ed.<br>er claimed.<br>ount of \$ 770.00 to cover<br>ount of \$ 40.00 to cover                    | n the prior nonprovisions the filing fee is enclosed the recordal fee is enclo                               | d.<br>osed.                   |                           |
| a.<br>b.<br>c.<br>20<br>21<br>22. Th | A small er  A small er  and desire  Is no long  X  A check in the amount  A check in the amount  Commissioner is hereby  Commissioner is hereby  A check in the amount  Commissioner is hereby  Commissioner is hereby  Commissioner is hereby  Commissioner is hereby | ntity statement was filed it ed.  er claimed.  ount of \$ 770.00 to cover ount of \$ 40.00 to cover y authorized to credit over | n the prior nonprovisionate the filing fee is enclosed the recordal fee is enclosed erpayments or charge the | d.<br>osed.                   |                           |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |                                     |  |  |  |
|-----------------------------------------------------|-------------------------------------|--|--|--|
| NAME                                                | Lawrence A. Stahl - Reg. No. 30,110 |  |  |  |
| SIGNATURE                                           |                                     |  |  |  |
| DATE                                                | March 3, 2004                       |  |  |  |

LAS:eyw

DC\_MAIN 159476v1